

## CLAIMS ONLY

Application Number \_\_\_\_\_

Filing Date

**Applicant(s)**

\* May be used for additional claims or amendments

CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT	
	Indep	Depend	Indep	Depend	Indep	Depend
1			/			
2				/		
3				/		
4				/		
5				/		
6				/		
7				/		
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50						
Total Indep			2			
Total Depend			7			
Total Claims			9			

May be used for additional claims or amendments

	Indep	Depend	Indep	Depend	Indep	Depend
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Total Depend						
Total Claims						